Dear Student,

This form is required if you wish to bring a visitor to school. Teachers of all classes, including PE and Arts teachers, must sign this form. When completed, return this visitor request to the MS Office no less than three days before the visitor plans to attend school. A copy of this form will be kept in the office.

Sincerely,
Barbara Ostos

To Be Completed by Your Parent

My child ______________________ would like to bring a visitor to school on the day of _________________.

His/Her name is: ________________________________, and he/she is in the grade at _____________________________.

(School)

_________________________________________  __________________________
Parent Signature                                      Date

To Be Completed by Your Teachers

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<th>Period/Course</th>
<th>Teacher Signature</th>
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To Be Completed by the Parent of Your Visitor

My child ______________________ has permission to visit Catlin Gabel Middle School on the day of _________________.

Except as noted on the back of this page, my child is in good health, has no food or drug allergies, has no chronic conditions that would affect treatment and takes no medications routinely.

In the event of a medical emergency, I understand that The Catlin Gabel School would make arrangements to transfer an injured student to the nearest hospital. Simultaneously, the School would begin efforts to reach the parents or legal guardian. If a delay in reaching the child’s parents or legal guardian jeopardizes the child’s well being, The Catlin Gabel School would secure whatever treatment is deemed necessary by a medical professional, including the administration of anesthetics and surgery. On the back of this page, I have included emergency contact information.

_________________________________________  __________________________
Parent Signature                                      Date
Visitor Emergency Contact Information

Name: ____________________________  Child’s birth date: ________________

Medical Insurance Provider: ___________________________________________

Group#: __________________________ Member #: __________________________

Except as noted below or on my child’s Emergency Authorization Form, my child is in good health, has no food or drug allergies, has no chronic conditions that would affect treatment and takes no medications routinely.

EXCEPTIONS: _________________________________________________________

_____________________________________________________________________

Mother’s Name ____________________________  Father’s Name ____________________________

Address ____________________________  Address ____________________________

Place of Employment ____________________________  Place of Employment ____________________________

Day telephone: ____________________________  Day telephone: ____________________________

Evening telephone: ____________________________  Evening telephone: ____________________________

Cell/car telephone: ____________________________  Cell/car telephone: ____________________________

Pager: ____________________________  Pager: ____________________________